SUMMARY OF THE PROFICIENCY TESTING COMMITTEE MEETING MAY 22, 2001

The Proficiency Testing Committee of the National Environmental Laboratory Accreditation Conference (NELAC) met on Tuesday, May 22, 2001, at 1:00 p.m. Mountain Daylight Time (MDT) as part of the Seventh NELAC Annual Meeting in Salt Lake City, UT. The meeting was led by its chair, Ms. Barbara Burmeister of the Wisconsin State Laboratory of Hygiene. A list of action items is given in Attachment A. A list of participants is given in Attachment B. *The purpose of the meeting was to review and discuss proposed changes to the NELAC Standard and the development of new Frequently Asked Questions (FAQs).*

INTRODUCTION

After welcoming the participants, Ms. Bermeister said that there are three main phases of the proficiency testing (PT) program: standard development, program development, and program implementation. The PT program became operational when eleven accrediting authorities became recognized in July 1999. At the same time, the U.S. Environmental Protection Agency's (EPA) PT program became privatized, so that we now have a multi-PT provider system. She said that the NELAC PT Committee is only a standard setting body and that the committee is disappointed that a Proficiency Testing Oversight Body has not been identified yet. She also said that the committee realizes that proficiency testing is contentious and will do their best to listen to comments and improve the standards. She then asked committee members to introduce themselves. After the introductions, she reviewed the ground rules and agenda for the meeting.

AGENDA ITEMS

Chapter 2 Comment Summary

Ms. Cindy Nettrour provided a summary of proposed changes to Chapter 2 of the NELAC Standard. She said that since the Sixth NELAC Interim Meeting (NELAC 6i), the committee has received a limited number of comments, most of which are related to interpretation of the standard. The committee has tried to resolve many of the comments by developing FAQs to be posted on the NELAC Website. Where FAQs were not sufficient, proposed changes to the standard have been made. Some of the comments have also been directed to subcommittee working groups (discussed below).

Proficiency Testing Subcommittee on Implementation and Standardization: Update and Discussion

Ms. Burmeister informed participants that the committee meets on a biweekly basis, but has also found it efficient to meet face-to-face twice a year, preceding the NELAC interim and annual meetings. In addition, a subcommittee meeting has been incorporated with the committee's face-to-face meeting. Stakeholders were invited to attend the subcommittee meeting to identify and work on issues related to implementation and standardization. The committee plans to hold

another subcommittee meeting in February 2002. Ms. Burmeister asked that interested participants contact either herself or Mr. Larry Jackson if they would like to attend.

Data Reporting

Mr. Matt Caruso reviewed the progress of the Data Reporting Working Group on data reporting. They have developed FAQs which were included in the registration materials for this meeting. This included a discussion of how to report quantitative results; the committee recommends reporting three significant digits. Another FAQ discusses how to report results for an analyte that was not detected in a PT sample. The committee recommends that laboratories not use alpha characters (e.g., "BMDL"), but to use "a less than (<) sign in front of the method detection limit." The committee also provided guidance for scoring detected analytes, in relation to the acceptance limits, for scoring non-detected analytes (analytes with an assigned value of zero), and for reporting blank results. An FAQ was also written to explain the 30-day requirement for PT studies.

A participant commented that some time during the past year, there was a statement of policy issued by the NELAC Board of Directors (BoD) which contained discussion on the evaluation of PT results. The statement said that any indication of nondetect would be considered acceptable; this is in conflict with what the PT committee is saying in the new FAQ. The participant also questioned whether the FAQs are part of the standard, or are supplemental information. If the FAQs are not part of the standard, the participant suggested that they should be. The participant asked whether the policy of the BoD supercedes the FAQs. Ms. Burmeister replied that the committee will consider putting the guidance into the standard.

PT Method Detection Limits and Reporting of Zero

Ms. Cindy Nettrour reviewed a strawman document on "Reporting and Scoring Low Level PT Results for Analytes that can be Omitted from PT Samples" which was distributed at the meeting (see Attachment C). The document discusses language regarding a new concept – leaving analytes out of selected PT samples – which was recently added to Chapter 2, Section B.1.2 and a footnote added to the NELAC Resource Conservation and Recovery Act (RCRA) PT Field of Testing table (June 2000 version). Ms. Nettrour said that an unintended consequence of the new language has been that laboratories are in some cases left with no choice but to guess as to whether a PT provider has added an analyte to the sample (assigned value >0) or left it out (assigned value = 0). The committee's proposal is to have NELAC publish a list of PT reporting limits (called PTRL's). These will be part of the Field of Proficiency Testing Tables which are posted on the NELAC Website. Ms. Nettrour stressed that these will be reporting limits, not detection limits. She then requested comments from participants. Their responses are listed below:

- A participant commented that the PTRL's would be in violation of the National Institute of Standards and Technology (NIST)/National Voluntary Laboratory Accreditation Program (NVLAP) rules and said that we cannot have two set of rules. When you have a qualitative and quantitative standard, the rules are very specific as to how to evaluate those. She said that the laboratories are best off following the FAQ if the assigned value is zero.

- A participant suggested that the committee recruit someone from EPA to develop the reporting limits. He said that it is a good idea and solves the problem for both the states and the providers.
- A provider suggested that another option is to simply not evaluate the analytes.
- A laboratory participant commented that false positives should never be allowed.
- A state representative asked how the accrediting authority can give credit to a laboratory if "Not Evaluated" is reported. He said that this proposal is important so that everybody knows how to evaluate that. He expressed how difficult this first round has been trying to accredit laboratories and added that this is a major step forward for evaluating laboratories.
- Another participant said that there are formulation ranges specified by EPA, and if a laboratory detects an analyte, they should report it.
- One person commented that no action should be taken if this is not a common problem and suggested that the committee collect information on the frequency of the problem.
- A participant asked that each study be treated differently, and noted that each study differs between vendors. He said that it is possible to see compounds that the vendor says is not there and requested a consistent solution from the committee.

"Quick Response"/Corrective Action

Mr. Anand Mudambi provided a summary for the Quick Response/Corrective Action Studies Working Group on "quick response"/corrective action issues. He said that there have been a lot of concerns from laboratories about losing accreditation if they fail a PT sample. Accreditation by analyte becomes a very serious issue. Mr. Mudambi reviewed the changes to the standard related to these issues. The first change was to Section 2.3.3. The working group realized that some of the rules about not reusing samples were put into place before NELAC had multiple PT providers. The language now allows the reuse of samples, except as described in Section 2.7.3. Changes were made to Section 2.7.2 to clarify requirements for initial and continuing studies. Additions to Section 2.7.3 explain the rationale behind supplemental PT studies and divides them into two types. The first type of supplemental study is for a laboratory which has failed a PT study and wishes to re-establish its history of successful performance (some caveats are also specified). The second type is for a laboratory that wishes to add field(s) of proficiency testing to their scope.

A participant commented that Section 2.7.3.1(d) violates the design of PT studies. It says that for corrective action supplemental studies, the assigned values for all analytes requested by the laboratory must not be equal to zero. Half the challenge is gone because the laboratory knows that the requested analyte will be present in the sample; it guarantees the identification of the analyte. In a normal PT sample, the PT provider cannot guarantee the presence of the analyte in the sample. A provider said that there is an unwritten rule, that if the laboratory has failed an analyte twice, their state refuses to accept a sample that does not contain the analyte.

Another participant asked if Chapter 4 will be changed to reflect this. Ms. Burmeister said that if this passes, Chapter 4 considers their change purely editorial, and it will be made.

A provider recommended that in Sections 2.7.2 and 2.7.3, the "30 calendar days" be changed to "15 calendar days." This change would allow laboratories to run PT samples every other month rather than once a quarter. The committee members agreed with this revision.

A participant said that from state's point of view, once a laboratory has failed an analyte, the state wants to make sure that the laboratory can analyze for that particular analyte. He suggested that the committee add some language to ensure that the laboratory can identify the analyte, in addition to quantifying it. He also suggested that they add language to prohibit laboratories from using a sample that was analyzed by another laboratory in the same network. Ms. Burmeister questioned how this could be policed. A participant suggested that the provider will be able to police it much easier than the accrediting authorities.

A laboratory participant responded to these comments, saying that with the current schedule of 45 days for a study and 21 days for results, they wait up to 3 months. She said that as part of a large network, they have no idea what other laboratories in the network are doing. They do not try to coordinate between laboratories in any kind of way.

Another laboratory participant said that typically laboratories retest and they get the right answer. He said that it is better to have the laboratory determine whether or not an analyte is in the sample. Scientifically, it is a great challenge. Ms. Burmeister then asked to hear from other accrediting authorities on this subject.

A representative from an accrediting authority said that if the purpose of the PT study is for a laboratory to regain accreditation as quickly as possible, the laboratory will still have to pass two studies (i.e., two different challenges). They will get two totally different mixes of analyte groups. Another accrediting authority representative said that he supports the committee's proposal. The state needs documented proof that the laboratory can do what they say they can do. A third state representative said that it is the accrediting authority's responsibility to know if the laboratory can quantitate correctly.

A participant questioned how this relates to Section A.6 (confidentiality of PT study data). Another responded that the supplemental PT sample will be sold under a different number. So, even though the sample was sold previously, the resell should not violate Section A.6.

A participant suggested that the committee add language to 2.7.3.1(d) to specify exceptions. The committee agreed to add language for the exception of the PCB group and qualitative microbiology. The committee agreed to make this change.

Report Format

Ms. Marykay Steinman reviewed proposed changes from the Report Format Working Group in Sections 2.6 and B.5. Comments from participants are listed below:

- A representative from an accrediting authority said that they would like a report for each laboratory (some reports from PT providers combine data for multiple laboratories).
- Another comment was to specify "amended report"in the third bullet under Section 2.6(c). The committee agreed to make this change.

- A participant asked whether they should report the State ID or EPA ID, when the organization has both, referring to Section 2.6(a). Another questioned what to use when there are several accrediting authorities. The committee decided to change "State ID" to "Primary Accrediting Authority ID."
- A participant asked whether analyte codes and method codes were to be included on these reports as well. Ms. Burmeister responded that the committee has gone back and forth on this issue. Groups of people want it both ways and no decision has been reached.
- In Section 2.6(d), a participant asked whether the first bullet should be reworded to say "analyte name for each analyte included in the standard"? The committee agreed to this change.
- A participant commented about Section B.5, saying that there will be conflict because a lot of the state numbers are not in the same format as the EPA numbers. The standard requires that electronic data be submitted to the states in the EPA format only, which takes away the accrediting authorities' right to request data in the format they desire. The committee decided to remove the proposed changes in Section B.5.

The meeting participants all seemed to agree that a uniform file format was preferred for submitting data electronically to the accrediting authorities. While some participants objected to different file formats for each accrediting authority, several others said that submitting data in different formats for the accrediting authorities is not a problem. However, they did say that they would like to have the format specified "up front." A laboratory participant said that their main concern is with redundancy of PT samples, not with the report format. The format prescribed in the U.S. EPA Criteria Document specifies the minimum requirements for EPA. A participant suggested that the accrediting authorities try to come up with a single file format that would work for all of them.

Method and Analyte Code Update

Mr. Ralph Obenauf provided an update on the standardization of method and analyte codes. He said that all kinds of information is included on the laboratory reports and that the information is often ambiguous. Over the last year, the committee has been working on developing formats for standardized method and analyte codes.

He described the parts of the method codes, which are available on the NELAC Website (under the section for PT samples):

- The first two digits are the source code.
- Digits 3-7 are unique numbers assigned to methods. They were not assigned sequentially, and 20 numbers were skipped between each to allow room for growth.
- The last digit is a check sum to allow databases to check for validity of the code. (It will catch 90% of the errors.) The algorithm for the check sum will be provided on request.

Mr. Obenauf said that similarly, standard codes for the NELAC analytes were needed. So, recently the committee assembled a list of codes for them and these codes will also be posted on

the website. Mr. Obenauf gave credit to Mr. Chuck Wibby and his associates for compiling the information and helping to develop the standard codes.

Mr. Obenauf pointed out that the NELAC method and analyte codes are different from EPA codes and that the codes are also different from those previously presented in the PT Field of Testing tables. He also informed participants that the committee is working on a procedure for adding new codes as needed.

A participant asked whether there will be a place for codes that are not NELAC codes to be inserted. Mr. Obenauf responded that the interface between the PT provider and the accrediting authority is the provider's responsibility. Mr. Caruso said that in NY this interface will be handled by a translation table. Hopefully, the NELAC codes will be adopted by some of the states. If not, translation tables will be needed.

A participant asked whether a laboratory, which needs to submit data to the vendor and the non-NELAC state at the same time, can report the method description instead. A participant responded that the field is required by the EPA Criteria Document.

Another participant asked how site-specific methods for pollutants which are not on the list of NELAC analytes will be handled. Mr. Chuck Wibby said that there are 999,999,999 possible codes. The idea was to be able to combine method code, analyte code, etc. to come up with a unique identifier.

Ms. Burmeister said that another issue which needs to be discussed is the feasibility of tracking and evaluating PT performance by preparation method. She said that Mr. Larry Jackson was not able to attend today, but the subcommittees will be working to try to address this. Those who are interested in participating in the subcommittee meeting should contact Mr. Jackson. The PT Committee has assumed the responsibility for maintaining the codes, but the procedure has not been developed yet.

FIELD OF PROFICIENCY TESTING

Ms. RaeAnne Haynes reviewed the proposed global change from "PT Field of Testing" to "Field of Proficiency Testing." This was done to clarify the term "field of testing" which was used in reference to proficiency testing and scope of accreditation.

A change has been proposed for Section 2.1.3 because of comments received from some of the accrediting authorities. The committee proposes changing from "program-matrix-analyte" to "technology-matrix-analyte/analyte group." If proposed changes in Chapter 1 do not get voted in, the committee will refer back to the previous language. Ms. Haynes said that the Program Policy and Structure Committee plans to distribute a list of technologies (Chapter 1, Appendix A) in their committee meeting.

A participant requested some clarification for "technology" if it gets voted in. Another participant asked how the "analyte group" would affect PTs. Ms. Haynes replied that analyte groups would only be applied where reasonable. The NELAC requirements will be more

stringent if laboratories have to run PT samples by every technology, but will better reflect the laboratory's ability to perform various technologies.

A participant questioned how the inclusion of technology in the field of testing would affect microbiology if analyzing by multiple methods. Ms. Haynes said that the committee was trying to reconcile the EPA method requirement and Safe Drinking Water Act (SDWA) method requirement. That applies only to chemistry, not microbiology. Ms. Haynes said that for microbiology, PT by technology works very well.

A participant suggested that the "note" in Section 2.1.3 needs to be modified because it has the potential to put laboratories out of business. For example, if they fail the PT using graphite furnace technology, they do not want to fail for inductively coupled plasma mass spectrometry (ICPMS) as well. Ms. Burmeister responded that, as it stands today, the PT requirement does not include method. This presents accrediting authorities with a problem. If technology does pass, she said that the proposed sentence in the "note" would be deleted. Additional changes to Section B.1.2 and C.5 will be made if the change is voted in for Chapter 1.

In response to another question, Ms. Burmeister said that if analyte groups are approved, they will not include metals. Also, the analytes that constitute a group do have to be in the same sample. The laboratory would need to indicate to the PT provider whether they wanted a PT sample for a particular analyte or for the group.

Section C.5 was added to specify the pass/fail criteria for analyte groups. It includes the "80% rule" for evaluating the analyte groups (primarily organic compounds). A participant asked whether there was a preliminary listing of the analyte groups. Ms. Burmeister said that the committee has discussed the groups but need to work with Chapter 1 to finalize them.

A participant from a medium-sized, independently-owned laboratory said that she preferred "program-matrix-analyte" to the scope which includes technology. Another participant said that he would not be in favor of the switch unless the analyte groups were the same between Chapters 1 and 2. Another participant agreed that there needs to be concurrence with all the accrediting authorities as to what constitutes the analyte groups.

Ms. Steinman then reviewed the revised FAQ for how to satisfy the Safe Drinking Water Act (SDWA) and NELAC PT requirements. Ms. Burmeister said that the PT Committee intends to review and update the fields of proficiency testing tables. In conjunction, a standard operating procedure (SOP) for updating the fields of testing tables, including time frames, has been drafted. This was distributed to participants and is included as Attachment D. She reviewed the SOPs and asked if there were any questions. One participant suggested eliminating Section 6.0 (time period for compliance) because the time frames did not make sense.

OTHER

A participant asked whether there is some kind of database or notification system to let people know when laboratories lose accreditation. Mr. Caruso stated that the National Database should store this information, and the primary accrediting authorities will be notified.

COMMITTEE MEMBER ROTATIONS

Ms. Burmeister announced the new committee members and those who were rotating off the committee. She said that Dr. Mike Miller will be a new 2-year member, replacing Ms. Michelle Kropilak, from the same organization. Dr. John Griggs will be a new voting member, and Dr. Tom McAninch will be the new contributing member, both with 5-year terms.

Ms. Burmeister recognized the members who will be rotating off the committee and presented them with plaques of appreciation for their years of service with the committee. This included Ms. Lara Autry (5 years), Dr. Faust Parker (5 years), and Mr. Matt Caruso (6 years). Ms. Burmeister also recognized Mr. Chuck Wibby (5 years) who rotated off the committee last year.

Attachment A

ACTION ITEMS
PROFICIENCY TESTING COMMITTEE MEETING
MAY 22, 2001

Item No.	Action	Date to be Completed
1.	Work with Chapter 1 on the definition of analyte groups.	NELAC 7i
2.	Define uniform electronic format. Meet with NELAP Accrediting Authority working group.	NELAC 7i
3.	Update the PT Data Reporting and Scoring FAQs to correct the inconsistency with the Board of Directors' policy.	ASAP
4.	Post revised field of proficiency testing tables on the NELAP website.	ASAP

Attachment B

PARTICIPANTS
PROFICIENCY TESTING COMMITTEE MEETING
MAY 22, 2001

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STRAWMAN

REPORTING AND SCORING LOW LEVEL PT RESULTS FOR ANALYTES THAT CAN BE OMITTED FROM PT SAMPLES

EXECUTIVE SUMMARY

A new concept, leaving analytes out of selected PT samples, was introduced for the first time in both the EPA National Standards for Water Proficiency Testing Studies Criteria Document and the NELAC Standards. In language that mimics the EPA National Standards, Chapter 2, Section B. 1.2 (PT Sample Composition for Water Matrices) of the NELAC standards states:

> "PT Providers may choose to leave one or more specific analyte(s) out of PT samples, yet may still include those analyte(s) in the PT study to be counted and scored with the present analytes. The guidelines in this section apply only to PT samples that contain analytes and matrices listed in the following NIST program designations: water supply (WS) regulated volatiles, WS unregulated volatiles, WS pesticides, WS herbicides, water pollution (WP) haloaromatics/halocarbons, and WP pesticides."

The NELAC RCRA PT FOT table (JUN-2000 versions) also contains the following footnote.

> "For volatile, base/neutral, acid, pesticide, and herbicide standards, providers must include a minimum number of analytes using the same criteria described in Chapter 2, Appendix B, Section B.1.2."

An unintended consequence of this new language has been that laboratories are in some cases left with no choice but to guess as to whether a PT Provider has added an analyte to the sample (assigned value > zero) or left it out (assigned value = zero).

For example, in a recent PT study conducted by a NIST NVLAP accredited supplier , over 170 laboratories reported data for base/neutral analytes in a RCRA study. The Provider's sample design contained more than twenty analytes and therefore up to 40% of the analytes could have an assigned value of zero. Per the NELAC standards, assigned values for the remaining analytes would need to fall between 500 and 10,000 ug/kg. When the data were returned to the Provider, a minority of laboratories (less than 20) reported positive results in the 200-300 ug/kg range for several analytes that had not been added to the sample, i.e., for analytes with assigned values of zero. Per the requirements of the NELAC standards, any positive result reported for an analyte with an assigned value of zero should be scored as Not Acceptable. But in this case, there is the possibility that the analytes in question are actually present at very low levels due to contamination or degradation of other analytes present in the standard.

As a result, the Provider was faced with a dilemma. The Provider could score the low level results as Not Acceptable even though the results are, in all likelihood, correct. The Provider could invalidate the analytes in question. Or the Provider could change the assigned value from zero to the mean of the reported results, set acceptance limits, and fail the other 150 participants who reported < results.

Further complicating the problem described above is that many NELAC PT analytes are not quantitatively recovered by the EPA methods. Therefore, it is entirely possible that if analytes are present with assigned values near the low end of the concentration range that the calculated low acceptance limits are below what are commonly accepted method detection limits. As a result, a lab may have to guess when it gets an answer at low concentrations. Report a positive value and the lab will only receive an Acceptable score if the analyte has an assigned value > zero. Report a positive value and the lab will receive a score of Not Acceptable if the an analyte has an assigned value of zero.

Proposed Solution

For all NELAC PT analytes, NELAC will publish a list of PT Reporting Limits (PTRL). These limits will be published on the NELAC web site as part of the NELAC PT FOT tables. If a laboratory has a positive result below the PTRL, the lab will simply report "< + the PTRL". The Provider would score results for these analytes as follows.

- *If the analyte has an assigned value of zero.* The Provider would score results as now outlined in NELAC BOD policy 16, Issue #4. Laboratories would be encouraged to not report "0" but to move to a convention of reporting "< + the PTRL".

- *If the analyte has an assigned value > zero.* The Provider would first calculate the Acceptance Limits as required by the NELAC standards. If the lower Acceptance Limit is > the PTRL, the Provider would score results as described in the NELAC standards, i.e., only results that fall within the Acceptance Limits will be scored as Acceptable. If the lower Acceptance Limit is < the PTRL, the Provider will score as Acceptable any numeric result that is < the Upper Acceptance Limit. The Provider will also score as Acceptable any result of "< + the PTRL". The Provider will score as Not Acceptable any < result that is associated with a number greater than the PTRL.

How PTRLs are set

The proposed Proficiency Testing Reporting Limits are established as follows.

1. The lowest acceptance limit possible (i.e., the low limit calculated for the lowest allowed concentration) is calculated.

2. If in the opinion of the NELAC PT Committee, the methods commonly used by NELAC accredited laboratories can achieve the limit calculated in step 1, the PTRL is set at this limit.

3. If methods cannot achieve the limit calculated in step 1, calculate the expected mean recovery at the lowest allowed concentration.

4. Using the expected mean as a guide, the NELAC PT Committee will establish the PTRL at a concentration that can be achieved by the methods routinely used by NELAC accredited laboratories.

Note: A working subcommittee of the NELAC PT Committee that includes experienced environmental chemists will help establish and review PTRLs to ensure that they are achievable by NELAC accredited laboratories.

National Environmental Laboratory Accreditation Conference

Proficiency Testing Committee

SOP PTC-xxxx

STANDARD OPERATING PROCEDURE FOR PROPOSING AND ADOPTING CHANGES TO THE NELAC PT FIELDS OF TESTING

Date Initiated:.....5/14/01
Date Revised: .....N/A
Revision Number: .....Original

DRAFT - 5/14/01

1.0 SCOPE

This procedure specifies the requirements for the proposal and adoption of changes and additions to the NELAC PT Fields of Testing (FOT). This procedure applies to the addition of any new analyte/matrix combination to the FOT. This procedure also applies to any proposed changes to analyte concentration ranges and acceptance criteria.

2.0 PROPOSING CHANGES AND ADDITIONS

2.1 Requests for changes and/or additions to the NELAC PT Fields of Testing may be made by any Accrediting Authority, USEPA program office, or PTOB/PTPA-approved PT Provider.

2.2 Requests must be made in writing to the NELAC Standing Committee on Proficiency Testing at least 60 days prior to the next scheduled NELAC Interim Meeting.

2.3 Requests for additions to the PT FOTs must include, at a minimum, ten sets of interlaboratory data on the analyte in the particular matrix. Each data set must contain a minimum of twenty valid data points.

3.0 REVIEW OF PROPOSED CHANGES AND ADDITIONS

3.1 All proposals submitted as in section 2 will be presented to and discussed by the PT Committee during the annual NELAC Interim Meeting.

3.2 Upon the Committee's decision to accept or reject the PT FOT change or addition, a notice of the decision will be posted on NELAC's website no later than 45 days prior to the next scheduled Annual Meeting.

4.0 ACCEPTANCE OF PROPOSED CHANGES AND ADDITIONS

4.1 Any proposed PT FOT change or addition will be incorporated into the NELAC PT Fields of Testing list on the NELAC website after the NELAC Annual Meeting. The change or addition becomes official once it has been posted on the website.

5.0 COMMUNICATION OF NEW FOT REVISION

Concurrent with the posting of the revised PT FOT on the NELAC website, the following entities will be advised of the revision at the direction of the PT Committee chairperson:

- All NELAC accredited laboratories
- All NIST/NVLAP accredited Providers of Proficiency Testing

DRAFT - 5/14/01

- All NELAC recognized Proficiency Testing Oversight Bodies (PTOBs) and Proficiency Testing Providers of Accreditation (PTPAs)
- All NELAP accrediting authorities
- The entities responsible for proposing any changes and additions reflected in the revised FOT.

6.0 TIME PERIOD FOR COMPLIANCE

6.1 For any additional analytes/matrices added to the PT FOT, laboratories shall complete two successful PT studies within 12 months of the date the revised FOT is posted on the NELAC website.

6.2 For any additional analytes/matrices and changes to concentration ranges or acceptance criteria, PT providers shall bring their PT standards into compliance with the revised PT FOT within 12 months of its posting on the NELAC website.

7.0 REVIEW OF IMPLEMENTED REVISIONS

After one year of collecting PT study data related to a revised PT FOT, the PT Committee will review the data of analytes affected by the revision. The purpose of the review will be to ensure the efficacy of new or revised acceptance limits, concentration ranges and analyte lists.